

RN-8902
 XC-1648401
 FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

14789

State File No. _____
 Registrar's No. 301

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Butler</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u> c. LENGTH OF STAY (In this place) <u>9 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>VA Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pilot Knob</u> d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>T.</u> c. (Last) <u>SWEENEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 6, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 20, 1897</u>
9. AGE (In years last birthday) <u>57</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Former Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Bellview, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ED SWEENEY</u>		13b. MOTHER'S MAIDEN NAME <u>IDA THOMAS</u>	
14. NAME OF HUSBAND OR WIFE <u>ESTIE SWEENEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>		ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Tuberculosis; pulmonary far advanced reinfection</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>type active with left pleural effusion.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>420 IA</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>April 27, 1955</u> to <u>May 6, 1955</u> and that death occurred at <u>12:00 noon</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>William L. Donham, M.D.</u> (Degree or title)		23b. ADDRESS <u>VA Hospital</u> <u>Poplar Bluff, Mo.</u>	
23c. DATE SIGNED <u>5-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>5-9-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery (private)</u>		24d. LOCATION (City, town, or county) (State) <u>Belleview, Missouri</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. White</u>		ADDRESS <u>White Funeral Home, Ironton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/9/55</u>		REGISTRAR'S SIGNATURE <u>W. J. White</u>	

RECEIVED
MAY 16 1955
BUTLER CO. HEALTH CENTER
FILE No. _____

MAY 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Franklin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.